

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number		Filing Date		
							101826755				
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.		Indep.	Depend.	Indep.	Depend.
1							51				
2							52				
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4							54				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep.							Total Indep.				
Total Depend.							Total Depend.				
Total Claims							Total Claims				